PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

10728131

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN												
(Column 1) (Column 2)								TYPE			SMALL	ENTITY
TOTAL CLAIMS			4			•		RATE	FEE]	RATE	FEE
F)A		NUMBER FILED		NUMBER EXTRA			BASIC FE	385.00	OR	BASIC FEE	770.00
77	OTAL CHARGE	ABLE CLAIMS			.0			X\$ 9=		OR	X\$18=	·
	DEPENDENT C			inus 3 =	. /	. i		X43=		OR	X86=	86
MULTIPLE DEPENDENT CLAIM PRESENT							J-1	+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	850
CLAIMS AS AMENDED - PART II 12-4-43 (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 4	Minus	- 4		/		X\$ 9=		OR	X\$18=	
	Independent	entation of M	Minus	L/	CI AIM	2		X43=		OR	X86=	
_			ULTIPLE DE	PENDENI	COUNT	-		+145=		OR	+290=	•
	63cc6 (Column 1) (Column 2) (Column 3)							TOTAL UDDIT. FEE		OR	TOTAL ADDIT, FEE	
	13	(Column 1)		(Colum		(Column 3)		•				
AMENDMENT 8		CLAIMS REMAINING AFTER AMENOMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• .4	Minus.	- 4		•		X\$ 9=		OR	X\$18=	•
	Independent	WTATION OF MI	Minus	en Ly	CI AIM	2		X43=.		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM .									OR	+290=	
								TOTAL DOIT, FEE		OR	TOTAL LOCAL FEE	
(Column 1) (Column 2) (Column 3)												•
SEN I		CLAIMS REMAINING AFTER AMENDMENT	•	HIGHE NUMBI PREVIOL PAID FI	BR .	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		PATE	ADDI- TIONAL ·FEE
	Total	•	Minus	•		•	1	XS 9=		OR	X\$18=	. 1
	Independent	•	Minus	***		•	T	X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM.								+145=		7		
• tt	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Flighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR L	+290=	
	the Highest Nur	nber Previously Pai riber Previously Paid ber Previously Paid	Id For EN THIS	SPACE b	less than	3. enter 3."	_	TOTAL DOT, FEE			DOIT, FEEL	
_						•	•	·				